The Canadian Nurse

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A CALL TO ACTION

RUBY M. SIMPSON, President of The Canadian Nurses Association.

A circulation campaign for *The Canadian Nurse*, launched in early October by the Executive Committee of the Canadian Nurses Association, is now in full swing in every province. May I commend it to every individual reader of the *Journal* for whole-hearted, enthusiastic support and participation.

The first of January, 1933, was a red-letter day in the history of the Canadian Nurses Association, for on that day a long cherished dream came true: a full-time editor and business manager was placed in charge of the affairs of its official publication. It was a step not lightly taken. For long years it had been considered and planned and it was a source of extreme satisfaction when it was finally achieved.

It was a venture and it has been a success. This statement is made with assurance and with pride. We now have a *Journal*, greatly improved in format and content, which we can justly claim integrates and interprets the thinking of Canadian nurses, keeps the members of the Association accurately and consisently informed on Association policies and activities, expresses and develops a national viewpoint on pertinent nursing questions and, perhaps most important of all, serves as an indispensable link between the provinces. We wonder how we could do without it! It is just invaluable on every count. Other professional publications and the daily newspapers recognize it, accept it as authoritative and quote widely from its pages. And it does not suffer when compared with others of its own kind.

Already, in less than three years, the circulation has increased from two thousand to slightly more than three thousand. In the year 1934, it almost paid its way, the deficit amounting to only $750.00, out of a total expenditure of over ten thousand dollars. These are tangible achievements and, remember, they have been made during a period of distinctly difficult economic conditions. You, who are the readers of the *Journal*, the indefatigable editor and the efficient Publications Committee have made them possible and we point to them with justifiable pride. Now we have a further task: What has been done must be maintained and still more must be accomplished. The circulation campaign has this in view.

The immediate need is *more subscribers*. The *Journal* is essential to Canadian nurses. At the present time only a little better than one-quarter of the membership of the Canadian Nurses Association realize this. The campaign, it is hoped, will introduce it to many who at present have not even a bowing acquaintance with it! Furthermore, the *Journal* is a business proposition and must be considered as such. A greater circulation would mean a possible increase in commercial advertising. Revenue from increased subscriptions and from increased advertising would be available for use in making a still better *Journal* for you.

The President and the Publications Committee of the Canadian Nurses Asso-

ciation will give general direction to the campaign, which in each province will be organized by the president of the provincial association. Progress reports will be printed in the *Journal* from time to time. Watch for them. Final reports will be a feature of the session devoted to the discussion of the affairs of the *Journal* at our Biennial Meeting in June, 1936, at Vancouver.

I have held the objective for the last paragraph so that you may keep it in mind. Here it is: One thousand new subscribers before the first of June, 1936. A reasonable objective, indeed, and one which we are certain to reach. Will you do your share to make it possible?

Alberta nurses were the first to pledge support. Manitoba had made a start before the national campaign was begun. Now, which province will be the first to announce the completion of its quota?

CANADIAN PUBLIC HEALTH ASSOCIATION

The nursing section of the Canadian Public Health Association took a prominent part in what proved to be a lively and interesting annual meeting. With the chairman, Miss Elizabeth Smellie, presiding, an entire morning was given over to a symposium entitled "Essential Features of a Health Programme." Those participating presented the subject from the angle of provincial and municipal health officers, directors and supervisors of nursing, and representative members of the community. Miss Anna E. Wells, chairman of the public health nursing section of the Canadian Nurses Association, spoke as a health educationist; Miss Nora Moore presented the topic from the point of view of a director of public health nursing and Miss Dorothy Mickleborough from that of a nursing supervisor. A subsequent meeting was devoted to the discussion of nutrition; the speakers were Miss Margaret McReady, who is connected with the nutrition service of the Ontario Division of the Red Cross Society, and Miss Marjorie Bell, Director of the Visiting Housekeepers Association, Toronto. At a session of the Ontario Health Officers Association a demonstration of a home visit to a tuberculosis case was given by Miss Edna Howey and Miss Muriel Lowry, nursing supervisors in the Ontario Department of Health.

The incoming officers of the Association are: President, Dr. J. W. McIntosh, Vancouver; first vice-president, Dr. J. G. Fitzgerald, Toronto; secretary, Dr. J. T. Phair, Toronto; treasurer, Dr. Chas. P. Fenwick, Toronto. The officers of the public health nursing section are: Chairman, Miss Elizabeth Smellie; vice-chairman, Miss Elizabeth Breeze; secretary, Miss Laura A. Gamble, 1275 Bathurst Street, Toronto. These officers-elect assume office on January 1, 1936, and it is expected that the 1936 meeting will be held in Vancouver. Public health nurses should seek membership in the Canadian Public Health Association because through its sections, all phases of public health work are represented and these sections are the discussion centres for public health questions. To quote a clause from "What Does Membership in the C.P.H.A. Mean to Me?":

> It adds my support to the maintenance in Canada of a national health association which is primarily the professional society of physicians, public health nurses, bacteriologists, statisticians and others engaged in public health work. It is not duplicating the work of any other organization; its purpose is to give expression to the considered opinion of those best qualified on all aspects of public health.

OBSERVATIONS ON TOXAEMIAS OF PREGNANCY

FLORENCE KELSEY, Nurse-in-Charge, Metabolic Ward, Obstetrical Division, Toronto General Hospital.

From the onset of pregnancy, profound changes in the maternal metabolism take place, and these do not return to normal till after the termination of pregnancy. Marked chemical changes occur in all the tissues throughout the body and the secretions of the endocrine glands are altered in quality and amount. A change in the chemistry of the tissues in one organ necessitates a change in the chemistry of many others. The normal woman who becomes pregnant, is able to make adequate adjustment to the changes, so that few disturbances are evident and she develops an immunity to the effects of the growing ovum. When for some unexplained reason this immunity is not developed, a toxaemia results.

One of the earliest manifestations of disturbed metabolism is nausea and occasional vomiting. In many cases this is mild and passes off about the end of the third month of pregnancy, when the patient has developed immunity. In other cases the vomiting persists and becomes steadily more severe. At one time a distinction was made between neurotic and toxic vomiting. This is not a sound differentiation; all vomiting in pregnancy is toxic in origin, and the neurotic patient differs only in that she is more difficult to treat. In mild cases, additional rest during the day, the judicious use of sedative and a high carbohydrate diet will often effect a cure. Nourishment should be taken at intervals of two hours throughout the day. If the patient does not respond to this treatment, she must be put to bed.

In severe cases where vomiting persists, it is impossible to give adequate nourishment by mouth, and these cases should always be dealt with in hospital. The clinical picture in such cases is that of dehydration and emaciation. The weight loss is often very marked. The tongue becomes dry and beefy red. Pulse and temperature elevations become apparent as the toxic process advances. Coupled with the clinical picture the laboratory findings are most valuable. The urinary output diminishes to 200 c.c. or less in twenty-four hours, and becomes highly concentrated. Acetonuria appears early and increases as the process advances. Urobilinuria is not an early finding, but when present indicates definite liver damage. These cases, in the absence of treatment, may rapidly progress to a fatal termination. The blood chemistry is profoundly altered as the toxic process progresses. In the early stages dehydration of tissue is accompanied by water loss from the blood, resulting in high serum protein figures. At this stage is noted the best response to intravenous therapy.

For a long time intravenous therapy was unsatisfactory for the reason that hopelessly inadequate amounts were given; 10% glucose in normal saline is the most valuable form of intravenous medication but it must be pushed till a definite response to treatment has been obtained. A urinary output of 1000 c.c. or over in twenty-four hours, with a specific gravity of 1010 or under, is considered a satisfactory response; 3000 c.c. of 10% glucose is recommended daily until this response is obtained. During the administration of the glucose the urobilinuria should disappear and the acetone should be markedly diminished. One must stress the absolute necessity of accurate clinical charting of fluid intake and output in such cases. If diuresis is not established one cannot push intravenous therapy indefinitely; dangerous oedema of the brain or lungs may result.

While intravenous therapy is being used little attempt is made to give fluids

(Presented at a meeting of the nursing staff of the Toronto General Hospital from the Metabolic Ward division, service of Professor W. A. Scott, Toronto General Hospital. The experimental research referred to in the article has been conducted by Dr. H. B. Van Wyck, Dr. John Mann, and the late Professor V. J. Harding.)

by mouth. In this clinic we have discarded duodenal feeding because of its obvious impracticability in this type of case. Administration of fluids by the Murphy drip method is seldom used on account of the very slow rate of absorption from the large bowel.

Sedatives

The judicious use of sedative is most important. It is impossible and unwise to state a definite dosage of any drug, with the large individual variation in patients. Experience alone can teach the drug to be used in its dosage. If response is not obtained from such treatment, or if the case is advanced before coming under observation, the blood serum protein begins to fall sharply due to protein destruction. Cases with low serum proteins 5% or lower, do not respond well to intravenous glucose; there is not sufficient solid content in the blood to retain the fluid and it passes rapidly out through the kidneys leaving the body tissues quite dehydrated. This observation alone explains the failure of intravenous therapy in some severe cases. Blood transfusion is sometimes of definite value but when a toxic process in early pregnancy is so advanced as to require blood transfusion the prognosis is very grave and, in this clinic, the termination of pregnancy is considered the safer procedure. When glucose is being given intravenously attention should be paid to the glucose content of the urine. In isolated cases it may be excreted as rapidly as it is administered. In such cases the administration of insulin is of definite value.

Up to the present time no light has been thrown on the cause of the very severe metabolic disturbances in early pregnancy. Advances in this field have been in the method of treatment and a realization of the need for adequate nursing. The proper use of sedative and intravenous glucose and fluids in adequate amounts will cure a large percentage of cases. If, however, a case does not respond to intensive treatment, especially if the urobilinuria increases, the blood serum protein falls, pulse rate and temperature elevations persist, termination of the pregnancy is indicated. In the timely recognition of these findings, many lives have been saved.

The Third Trimester

The second trimester of pregnancy is a period of relative immunity to toxic processes, and what we consider the toxaemias of later pregnancy generally appear in the last three months. As the foetus grows, increased demands are made on the maternal metabolism; the by-products of foetal metabolism have to be excreted and so the brunt of the work falls on the maternal kidney. It is well known that one of the earliest manifestations of renal impairment is albuminuria, but is by no means always the first sign. When abnormally increased demands are made on any organ or tissue, the inevitable results —some of the work is left undone. If the urine is not excreted it is retained in body tissue and it often manifests itself as oedema of the legs, hands and face. The toxic products in the urine are retained and produce their harmful effects on the cardio-vascular system, which leads to the marked increase in blood pressure found in some of the severe toxaemias. We must remember that, along with localized oedema, water may be retained in the tissues throughout the entire body: hence the importance of weight-taking during pregnancy.

The normal pregnant woman generally starts to gain weight in the third month of pregnancy, and gains about four to five pounds per month for the next six months. The total gain in weight should not exceed twenty to twenty-five pounds in the average case. Approximately 50% of this is accounted for by the baby's weight. If the weight increase is much in excess of this average rate it is a warning that water is being retained, and this finding may be observed long before oede-

ma becomes evident or albuminuria has appeared. By careful prenatal observation many metabolic disturbances may be avoided.

Prophylaxis

Where do we begin in the prophylactic treatment of these disturbances? Obviously we cannot reduce the demands made by the growing child on the mother. The only alternative then is to reduce the mother's metabolism by prescribing more rest. A minimum of eight hours' sleep during the night, with an additional rest of two hours each afternoon, is a good routine to prescribe. Exercise, in the form of long walks, is rarely good therapy. It can only be done by those patients who are strong enough to do it, and therefore do not need the treatment, and it is harmful to the others. The only point in its favour is the additional fresh air it affords the patient.

Dietary regulation is important. The increased appetite in the latter months of pregnancy often causes over-eating. This naturally makes increased demands on the organs of excretion. Many of the end products of protein metabolism are toxic substances and so a diet low in protein is advisable. The carbohydrate portion should be high, 168 grammes to produce energy in a form easily utilized. In an effort to prevent water retention it would seem reasonable to restrict the fluid intake. This should be kept within 1000 c.c. in the twenty-four hours.

The experimental work done in this clinic has shown that common salt in excess is a factor in the production of metabolic derangements in pregnancy. A good prophylactic measure is to omit salt one week in four, and if weight increase is marked, it should be omitted from table use and cooking entirely. Many cases of oedema in pregnancy are found to be due to severe secondary anaemia. These anaemias of pregnancy, however, respond well to the various forms of iron medication.

Severe Toxaemias

Occasionally, in spite of prophylaxis, and often in unsupervised pregnancies, severe toxaemia may develop with a marked oedema, very high blood pressure and severe albuminuria. This is the recognized pre-eclamptic state, and if untreated, would in many cases terminate in convulsions and death. There is little more to be added to the active treatment of the advanced case. Treatment should be rigidly enforced and this necessitates admission to hospital with absolute rest in bed. In very severe cases the diet in the first twenty-four to forty-eight hours is restricted to 1000 c.c. of milk or fruit juice. It may be increased on following days with the addition of solid food but only if a marked improvement has been noted in the blood pressure and albuminuria. Magnesium sulphate, 1 ounce daily, is a satisfactory purgative since the copious fluid stools are most effective in removing retained water from the tissues generally. If the laboratory findings should continue to show improvement, gradual increases may be made in the diet but the patient should be kept strictly in bed till the end of pregnancy.

In cases that do not improve or get progressively worse in spite of treatment, the problem of terminating the pregnancy has to be considered. Here the medical method of inducing labour works well. For some reason, in the patient with a late toxaemia, labour is most easily induced by castor oil and pituitrin. The usual routine method of medical induction, that is, enemata, castor oil, quinine, pituitrin, is slightly modified by the omission of the quinine. Quinine is definitely toxic to the foetus. Induction of premature labour and the influence of a toxic maternal metabolism are hazards enough without the addition of a toxic drug. In many cases labour is induced with only the administration of the castor oil; in fewer cases nature supplies the treatment by the spontaneous induction of prema-

ture labour. If no response is obtained from attempts at medical induction, it is then necessary to resort to some of the mechanical methods, that is, bag or bougie induction.

Eclampsia

Advanced toxaemia may reach the stage of eclampsia before coming under observation and in these cases the immediate treatment of the convulsion is imperative. Each convulsion produces a severe change in the blood chemistry and when convulsions follow each other in rapid succession the prognosis is bad. Immediate treatment is either anaesthesia, applied on an open mask, until convulsive seizures are stopped. As the patient is coming out of the anaesthesia, morphia gr. ¼ is given hypodermically and followed immediately by the intravenous administration of 7½ grs. of sodium amytal. Under the influence of this sedative the patient goes sound asleep and during this time enemata may be given, and if the patient has been vomiting, gastric lavage is advisable. The effect of the sedative may wear off in three or four hours. If so, the above hypodermic and intravenous sedative may be given again. In very severe cases, almost complete anuria may develop; 50% glucose, 50 c.c. every six hours is a valuable diuretic in these cases; it also supplies carbohydrate in a concentrated form and so protects the liver against possible involvement.

After the convulsions have been under control for ten hours, labour may be induced by bag induction. Caesarean section is definitely contra-indicated in the treatment of eclampsia; the mortality of the operative treatment is 100% greater than that of the conservative method. The use of sodium amytal intravenously in the conditions is one of the outstanding advances of recent years and its effect on lowering maternal mortality is already evident.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

With the announcement of the Scholarship for 1936-37 our interest in the Foundation is renewed, and, we hope, stimulated. Copies of the brochure prepared by Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association, have been sent to the provincial conveners and it is hoped that the information contained in this leaflet will go far in creating interest as well as giving a better understanding of the aims and objects of the Foundation.

We have reason to feel satisfied with our second year's efforts and we look to the members of the Canadian Nurses Association as well as to the future members — the undergraduates of today — to show their appreciation of the Founder of our profession by subscribing generously to this memorial. We must remember the obligation accepted by the members to contribute a sum sufficient to defray the expenses of a scholarship annually for five years and a like sum ($1,250.00) towards the endowment fund. May we hope for a response to this third appeal equal to that of the second year?

The following contributions are gratefully acknowledged:

Nova Scotia

Registered Nurses Association of Nova Scotia	$31.65

Ontario

Overseas Nursing Sisters Association, Ottawa Unit	5.00
Graduate Nurses Registry, Galt Hospital, Galt	5.00

INTERNATIONAL FRIENDLINESS

JEAN E. BROWNE, Convener, Exchange Committee of the Canadian Nurses Association.

The Canadian Nurses Association has had several opportunities, in co-operation with the other national nurses' organizations, of contributing to the great world movement of promoting international friendliness. One such opportunity has come through the work of the Exchange Committee. This committee was appointed following the biennial meeting in Regina in 1930. It began work very cautiously, and, after drawing up certain regulations for this new undertaking, it approached the nursing organizations in English-speaking countries which were affiliated with the International Council of Nurses. The College of Nursing, England, at once replied that, although they could not send British nurses to Canada on an exchange basis, they would gladly arrange periods of observation for a limited number of Canadian nurses, and would be pleased to avail themselves of the opportunity of sending their nurses to Canada on a reciprocal basis.

So the experiment began. Two nurses from Montreal were the first to ask for arrangements to be made for them in England. Each of them stayed approximately six months. They were both so enthusiastic over the experience gained, the hospitality extended to them, and the courtesy shown them at every turn, that the commitee felt the experiment had got off to a very good start. Since then, four other Canadian nurses have had courses arranged for them by the College of Nursing in the British Isles. Only one of this number asked for experience in public health nursing. The others observed methods in teaching and hospital administration.

One English public health nurse, Miss Dorothy Wood, came to Canada for a period of six months; she was sent on a scholarship by the Halifax (Yorkshire) branch of the College of Nursing. Miss Taylor and Miss Holland, both of Guy's Hospital, London, spent approximately two months in Canada, and the rest of their three months' period of observation in the United States. Arrangements were made for Miss Ida Heany of the London Hospital for a short period in Toronto and Montreal hospitals.

In addition to these four English nurses, the Exchange Committee, through the special co-operation of Miss Beatrice Austin, superintendent of nurses of the Hospital for Sick Children, Toronto, arranged a course of approximately eight months in children's work for a French nurse recommended by Mlle. Chaptal, past president of the International Council of Nurses. During the past summer, Miss Sigridur Bachmann, a Red Cross nurse from Iceland, and Miss T. M. Rees, Matron-in-chief of the Southern Rhodesia Nursing Service, visited Canada and had periods of observation arranged for them by the committee.

The Exchange Committee has a strong personnel, all of whom have made great contributions to its work. The members are: Miss Beatrice Austin, superintendent of nurses, Hospital for Sick Children, Toronto; Miss Kathleen Ellis, formerly superintendent of nurses, Winnipeg General Hospital; Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital; Miss R. E. Hamilton, superintendent, Junior Red Cross in Ontario; Miss Nora Moore, director, Department of Public Health Nursing, City Health Department, Toronto; Miss Mabel F. Hersey, superintendent of nurses, Royal Victoria Hospital, Montreal; Miss M. K. Holt, superintendent of nurses, Montreal General Hospital.

Most of our visitors have been guests of Miss Hersey and Miss Holt in Montreal, and of Miss Gunn in Toronto, and they have been most appreciative of this hospitality.

For the last year, negotiations have been carried on with the South African

Trained Nurses Association for an exchange of staff nurses on salary. At the end of May, arrangements were almost completed for two Canadian nurses to leave for South Africa, and for two South African nurses to come to their positions in the University Hospital, Edmonton, and the Montreal General Hospital. Unfortunately, at the last minute, the arrangements had to be cancelled by the South African Trained Nurses Association on account of the language question of a political nature. The latest word from South Africa is to the effect that the Association has managed to overcome these difficulties, and will soon be ready to renew negotiations.

The committee, of course, assumes no financial responsibility. The nurses who have taken the courses arranged by the College of Nursing have either gone at their own expense, or at the expense of their hospitals. Due to the extreme courtesy of the hospitals in the British Isles where they have taken these courses, their living expenses were reduced to a minimum.

In reviewing the whole problem of the exchange or observation visits of nurses, we are reminded of the statement made by Dr. A. V. Hill, Foulerton Research Professor of the Royal Society, London, England, regarding the unique opportunity shared by the medical and nursing professions in the great work of international goodwill:

> I believe that the pursuit of knowledge, for the welfare of the race, is one of the greatest agents of goodwill between men in every land. Our theories may be wrong—which does not matter much; our observations may not prove accurate enough — which is bad; our experiments partial and misleading—which is awful; but the fact that we have marched side by side in an honest endeavour to conquer ignorance, that we have sailed the unknown seas together in search of adventure and truth, and that we have learned to understand and love one another not only as fellow workers but as fellow beings — these things cannot fail to draw us together and so to minister to the welfare and comradeship of the different varieties of men. Such at least is my firm faith. I see in science and medicine more hope of co-operation between the nations than in any other field of human endeavour.

ANNUAL MEETING IN NEW BRUNSWICK

The Annual Meeting of the New Brunswick Association of Registered Nurses was held in Fredericton on September 17 and 18, with a large attendance. The president, Miss A. J. MacMaster, presided and a cordial welcome was extended by Mayor Clark, to whom Miss MacMaster graciously replied. Dr. Roberts, Minister of Health for New Brunswick, presented an outline of a health programme and asked for co-operation in efforts which will be made to combat cancer and provide care for the mentally deficient. Miss MacMaster stressed the problems yet to be solved by the nursing profession and asked for unrelaxed efforts in finding solutions. The report of the secretary-treasurer-registrar, and the secretary of the Board of Examiners, was read by Miss Retallick. An effort to organize a Chapter in the northern area has not so far been successful, but efforts are being continued. Discussion took place concerning the following topics: the establishment of regular inspection of nursing schools; the inclusion of a course in psychiatric nursing for all students in schools of nursing attached to general hospitals; the continuance of efforts to secure the co-operation of the

New Brunswick Hospital Association with the New Brunswick Association of Registered Nurses in establishing higher educational standards for schools of nursing. The auditor's report and the treasurer's statement showed that the Association's finances are in a sound condition. Reporting for the Provincial Nightingale Memorial Committee, the convener, Miss Coleman, stated that the amount pledged for the year had been oversubscribed and a balance remained towards the next year's amount.

In the evening the members were guests of the Fredericton Chapter at a banquet, after which a splendid address was given by Miss Marion Lindeburgh, entitled "A Challenge to the Profession." This able and gracious speaker provided a mental banquet with her challenge to nurses to do their part in the reconstruction of nursing education and in developing an adequate nursing service.

The following morning was devoted to the reports of the various sections. Miss Burns reported progress for the public health section, and papers were presented by three public health nurses all of whom are attached to the Saint John Health Centre. The topics and speakers were as follows: "School Nursing"; Mrs. G. E. van Dorsser; "Tuberculosis Nursing"; Miss Alice Hegan; "Child Welfare Nursing": Miss Martina Wallace; "Venereal Disease": Miss Lawson. A splendid report of the activities of the nursing education section was read by Reverend Sister Kerr, convener. Progress was definitely recorded. Miss McMullen, convener, gave the report of the private duty section. A paper on eight-hour duty was read in connection with this report, written by Miss Ruth Manning of Saint John. *The Canadian Nurse* was reported upon by Miss Maisie Miller, convener; of a membership of 509 members in good standing, only 101 are subscribers to the *Journal*, showing that New Brunswick nurses are not giving it the support which it deserves. Correspondence was read at this time from the editor in the interest of launching a vigorous provincial campaign. Miss Agnes Carson, convener, read the report of a committee appointed to consider the establishment of a central registry.

At noon the members were again guests of the Fredericton Chapter of Registered Nurses at a delightful luncheon. Following this, the members of the Executive Council met with a committee of the New Brunswick Hospital Association and held an informal discussion of the educational standards for nurses as approved by the New Brunswick Association of Registered Nurses and also the proposed standard presented for consideration of the meeting by Mr. Gilbert, president of the New Brunswick Hospital Association. The latter proposal did not meet with approval from the members of the nurses committee and further discussion is to be arranged. At the afternoon session, Miss Brophy, convener, presented the report of the committee on constitution and by-laws and certain amendments were approved. The following resolutions were passed:

That due to economic conditions in New Brunswick, it is recommended that private duty nurses who are members of the New Brunswick Association of Registered Nurses give nursing care to needy cases; that the nurse render her bill in full, but she may be justified in accepting whatever amount the patient may be able to pay, the urgency of the case to be left to the discretion and honour of the nurse; that she does not lose her standing in the Association.

That the New Brunswick Hospital Association be asked to consider the making of a rule that private duty nurses doing special duty in hospitals be allowed to do only twelve-hour duty.

That sub-committees on National Enrolment be formed in each Chapter.

That eight-hour duty is not practical at the present time in New Brunswick.

That owing to the amount of detail involved, the plan of having the Registrar make a yearly visit to nursing schools in the province be referred to the incoming executive.

The following officers, conveners and council members were elected to serve for the coming year:

President: Miss A. J. MacMaster; first vice-president, Mrs. G. E. van Dorsser; second vice-president, Mrs. A. G. Woodcock; hon. secretary, Rev. Sister Kenny; Conveners: Public health section, Miss A. A. Burns; private duty section, Miss Mabel McMullen; nursing education section, Rev. Sister Kerr; constitution and by-laws committee, Miss S. E. Brophy; *The Canadian Nurse*, Miss Maisie Miller; Councillors: Saint John, Miss Margaret Murdoch, Miss Florence Coleman; Fredericton, Mrs. A. G. Woodcock; Moncton, Miss Maisie Miller; Bathurst, Miss M. Edith Stuart; Newcastle, Mrs. Duffy; Campbellton, Rev. Sister Kerr; Woodstock, Miss Elsie M. Tulloch.

An invitation from the Moncton Chapter of Registered Nurses to hold the 1936 annual meeting in Moncton was unanimously accepted.

FROM AN "OLD DAME"

We rather expected some response to a recent editorial entitled: "Why They Stay Away," and we have not been disappointed. An "old dame," for whom we have considerable respect, states the case for her contemporaries with the force and directness which are characteristic of the old school.

First may I congratulate the nurse to whom you have given the name of "The Young Idea" on her courage in saying out loud what most of her companions only mutter about. It is true that "the old dames" do exercise considerable influence in our nursing organizations and, after all, why should they not do so? In this category will be found many of the women now filling key positions. It would be a distinct loss if the older women did not participate in the activities of our nursing organizations. I say participate, not dominate, for it is there that the real difficulty lies. The exercise of power over a long period makes it difficult to participate without dominating and those who are accustomed to wield authority over others do not react well to an atmosphere of free discussion, much less of criticism. Have patience with us; we are learning.

Now that I have freely confessed some of our own weaknesses may I ask "The Young Idea" some frank questions? Why is it that so few of them can think and speak on their feet? Most of them have had far better teaching in this respect than their elders. Why is it that more of them affect an air of contemptuous boredom when asked to help in association projects? Why do they so often promise to do a certain piece of work and, when the time comes to deliver, fall down on the job? Why do they refuse office when it is offered to them and then illogically complain that "the same set of old dames run everything?"

While I am about it I may as well say a word or two about our young married nurses. They are in an exceptionally favourable position to interpret nursing in the community. Their attendance at meetings would give us the "lay point of view" we so badly need. Are they measuring up to their opportunities? With a few brilliant exceptions, they are not. If they pay their dues and contribute a cake or a salad to an occasional festivity they think they are doing nobly. Some of them do not even do that. I should like to know how many of the subscribers to *The Canadian Nurse* have the honourable title of "Mrs." before their names? Mighty few, I am sure. This is not a display of envy and spleen on the part of a sour old dame. I understand perfectly how household and family duties must fill the day to overflowing. I only regret that so many of our "young ideas," married and single, do not realize how rich a contribution they might make to nursing in bringing to it the inspiration and energy of youth.

THE EDITOR'S DESK

The Campaign

In our leading article, Miss Ruby Simpson, President of the Canadian Nurses Association, launches the campaign for increased circulation of this *Journal*. Later on we shall have a good deal to say about this enterprise but at this time we shall confine ourselves to acknowledging with humility and gratitude the generous tribute paid by Miss Simpson to the editor. In "A Call to Action" there breathes the spirit which we trust will characterize the campaign itself. There is a frank realization of the difficult task we have set ourselves. There is no shallow optimism but rather a quiet confidence that we shall win through.

A Good Precedent

It is very interesting to note that, in October, a new precedent was established by the publication in *The Canadian Medical Association Journal* of an article on nursing, written by a nurse. The title is "Nursing Care in the Home Within the Patient's Ability to Pay," and it deals with the organization and functions of the Victorian Order of Nurses for Canada. The author is Miss Elizabeth Smellie, Chief Superintendent of the Order, and it goes without saying that the article is both illuminating and readable. Miss Smellie also had the honour of attending (in the capacity of a visitor) the meetings of the Council of the Canadian Medical Association during the recent conjoint meeting of the American Medical Association and the Canadian Medical Association.

There is in this same number yet another sign (of minor importance but nevertheless significant) that members of the medical profession are coming to recognize nurses as useful collaborators. At the conclusion of his article on "The Galactose Tolerance Test as an Aid to Diagnosis in Jaundice," Dr. E. H. Bensley of Montreal acknowledges his debt to nurses as follows:

> The writer wishes to express his obligation to Miss Florinda Matheson and Miss Eunice MacDonald, who were responsible for the collection of specimens and the nursing duties in connection with these tests.

The ungrudging service rendered by nurses in connection with research projects does not always receive the recognition it deserves.

Reader's Guide

Miss Florence Kelsey, nurse-in-charge of the metabolic ward of the Obstetrical Division of the Toronto General Hospital presents, with admirable clarity, some recent observations on the toxaemias of pregnancy. △ Miss Jean E. Browne, convener of the committee on exchange of the Canadian Nurses Association, shows how the cause of international friendliness can best be promoted. △ Miss Margaret E. Orr, superintendent of the Shriners' Hospital in Montreal, gives us the first of two interesting articles dealing with orthopaedic nursing. △ Three articles, describing an experiment in rural public health nursing, give a picture of pioneer conditions which stirs the imagination. Miss Kate Brighty, superintendent of the public health nursing branch of the Alberta Department of Public Health, has written the introduction. Miss Marjorie Maynes adds her vivid personal record and Mrs. Eva Sheridan gives us the lay point of view. △ Dr. G. E. M. Hilton, of the Department of Oto-Laryngology in the Montreal General Hospital, gives some excellent advice on the care of a condition which does not always receive the attention it requires. △ In "Notes from the National Office" the approach of the Biennial Meeting begins to make itself felt. △ If you are spoiling for a fight turn to our correspondence page and read "A Provocative Comment. △ Too late for classification comes the announcement of examination results in British Columbia. These appear on page 529.

ON THE TRAIL OF ADVENTURE

Chamba,
India,
June, 1918.

Dear E.,

Here we are, dropped 3,000 feet into a native city all on its own and surrounded by the everlasting snows. The road runs past our door to China via Thibet, and one day our host stepped on a leopard as he crossed the threshold. There are age-old Hindu temples lit by electricity! You find *Punch* in the Rajah's pet club, and yesterday I was taken to call on the Rani in strictest "purdah." She was a bewitching little personage, absolutely stiff in red silk that would have stood alone, and so loaded with jewellery that she tinkled as she moved. We "visited" politely for about fifteen minutes then joyfully sought the open air after the perfumed atmosphere of the palace.

Our journey here was full of thrills. We left Dalhousie duly mounted on hill ponies which insisted on trotting precariously on the outside edge, the *khud* falling steeply thousands of feet below us. I endured this for the first day and forgot my alarms when we fetched up at Kajiar, a perfect dream of green grass and lake in the midst of deodars on the Himalayan slopes. At one end stand the *dahk* bungalow of His Highness of Chamba, and at the other is one reserved for *sahib-log* in general. Here we encamped for the night and spent a blissful evening on the fringe of the forest, and a night on the verandah where we were alternately soothed to sleep and roused to wakefulness by the forest sounds. We left bright and early next morning and immediately started to descend a precipice, head first. My pony still persisted in his outside-edge tactics so I left him to it, dismounted, and found myself rushing with great speed into the valley. Arrived at the bottom I mounted again, and rode into Chamba, with I hope, more appearance of ease than I felt. But I'm being carried up to Kajiar in a "dandy" when we leave tomorrow!

Our time on the heights is nearly over, and in a few days we descend once again to the plains.

Till then, *au revoir*,

L.

Kholapur,
Southern Maharatta Country,
India,
July, 1918.

Dear E.,

We have been seeing life from two angles. First, as missionaries, when we visited the American Presbyterian Mission at Mirij and stayed with a delightful missionary and his wife. We paid long visits to the splendidly run mission hospital where Dr. Wanless reigned supreme, and to the leper colony where the inmates looked happy and contented amidst most cheerful surroundings. And second, under the wing of Col. C., the Political Agent, and his wife. With them we travelled to Sangli on a state visit to His Highness the Rajah. "God Save the King" greeted us as we drew up at the red-carpeted station and gorgeous state officials garlanded us with sweet smelling flowers and besprinkled us with costly perfumes—attar of roses at a guinea a drop. Thereafter we drove in a state coach with outriders in scarlet and gold, through crowded streets to the palace where we had our respective suites. After Col. C. had paid and received the state visits, and I went off, slightly less resplendent, to call on the Rani. She was emancipated and hardly *purdah* at all, and we were received in a long low room, white panelled and hung with sea-green watered silk, with great bowls of Indian silver full of roses about everywhere! The Rani herself was the fairy queen come true. She was slender and fair for an Indian with a charming oval face and wonderful brown eyes. She wore a *sari* of palest shell-pink bordered with gold, and her ornaments were earrings, bracelets and a long chain of pearls and emeralds. We chatted in English and saw the two children, a boy and girl, both under the care of an English nanny, a soldier's widow. After our visit, came the Rani's return one in her state coach—this time wearing a blue and silver sari.

Now we are back leading a most peaceful and pleasant existence at the above address. We garden vigorously each morning after an early *chota hazri*. They are successfully turning an uninteresting and stony field into a place of beauty. Col. C. is kept busy with state affairs with the aid of an important gentleman called a *sheristader*, a kind of glorified head clerk.

At 11 we have tiffin with unlimited mangoes. Then comes work for Col. C. and A. on a wonderful dictionary, while I carry on with more feminine pursuits. Sometimes Col. C. reads aloud, and there is much chess. At 3 comes tea on the verandah and afterwards we set out for golf. The monsoon is on us so we play most often in rain which is rain. Two fore caddies hold our umbrellas and spot (or don't) our balls; four puttiwallahs carry our clubs and we follow on. When golf is off we go over to the gymkhana for billiards and after dinner there is bridge on the verandah. Round us the frogs croak, and insects at-

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tracted by the lamp light get themselves into difficulties. Lizards wait patiently on the walls, scurrying at lightning speed after any incautious winged thing. Occasionally, in their cages in the Maharajah's compound, the lions roar. Now and again a cobra finds its way into the garden and there is a general stampede and demand for guns. Bul-buls build in the bushes, and we have tamed two baby things that twitter and chuckle and are too fascinating for words. They fly all over the place, have baths in a finger bowl on the verandah, and scold vigorously at snakes, kites, centipedes and such from the safe shelter of our necks.

Sunday brings the Padre to breakfast and there is service in the little church where Col. C. plays the organ; and we finish up the day with music.

And now for bed.

Yours,

L.

[*Editor's Note*: These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands.]

Correspondence

A Provocative Comment

Dear Editor:

As evidence of the fact that a mere man reads your great family journal, will you please tell me in what way the "Response to Criticism" appearing on page 408 of the September issue, has anything to do with health teaching—not aesthetics, mind you, but real health teaching. Apparently no one in the Vancouver General Hospital has ever heard of the famous debate on the subject of whether a clean tooth will decay.

Thanking you in advance for the privilege of starting a first class row and therefore distracting attention from such small matters as the political campaign and the situation in Ethiopia, I remain,

Sincerely yours,

NORMAN L. BURNETTE, Assistant Secretary, Welfare Division, Metropolitan Life Insurance Company, Ottawa.

From New Zealand

Miss Ethel Greenwood has been kind enough to share with the *Journal* the well merited compliment paid her in the accompanying letter:

Dear Madam:

I was very much interested in your article from *The Canadian Nurse*, January, 1935. I am starting a new health district in New Zealand, where I shall have a large Maori population, also a large number of educated Europeans who are keenly interested in child welfare. I am of the opinion that your little plays and radio talks would prove attractive and helpful to both classes. I would be grateful if you could tell me where I can obtain copies of these interesting aids to health.

Yours sincerely,

F. W. W. DAWSON,
Medical Officer of Health,
Hamilton, New Zealand.

Journals Wanted

The following issues are lacking to complete my set of the *American Journal of Nursing*. Would it be possible to have a request for these copies go into the correspondence section of *The Canadian Nurse*? Also, in case certain copies of *The Canadian Nurse* are desired for libraries, we have some available.

Copies of the *American Journal of Nursing* wanted by M. Cordelia Cowan, who is willing to pay for either the single copies as listed or for the volumes containing these issues:

For 1907: October, November, December; for 1908: March, May, June, July, August, September; for 1910: January, February, June, July; for 1911: February; for 1913: September.

M. CORDELIA COWAN,
Woman's Hospital, 141 West 109th St.,
New York City, U.S.A.

Department of Nursing Education

ORTHOPAEDIC NURSING

MARGARET E. ORR, Reg. N., Superintendent, Shriners' Hospitals for Crippled Children, Montreal Unit.

The problem of the cripple is so complex that the enthusiastic co-operation of all workers is required if the unfortunate individual is to take his place in the community as a self-supporting and independent citizen. Moreover it demands an approach of a constructive nature, as the chronic case must be dealt with from a different angle.

It is obvious that the general hospital, with its need for a rapid turnover of patients, could not lend itself to the lengthy hospitalization required for the orthopaedic case. Various surveys have shown that many thousands of crippled children could never receive treatment at the time most suited for it, that is during childhood, unless someone came to their aid; therefore it was necessary to build and equip hospitals, or set aside special departments in general hospitals, for the exclusive use and treatment of orthopaedic conditions.

The Shriners' Hospital for Crippled Children, Montreal Unit, is one of such a group, owned and operated by the Ancient Arabic Order of the Nobles of the Mystic Shrine of North America, and serving the crippled and underprivileged children of the United States and Canada. Approximately 18,000 children under fourteen years of age have received treatment as in-patients in these hospitals. The patients are drawn from a wide area, as each hospital in the group has its own territory. There is no international border-line; for example, this particular hospital serves all of Eastern Canada and the northern part of the States of New York and Vermont. The requirements for admission indicate the policy of the hospital:

It matters not the creed, race or colour of the child.

The child must be under fourteen years of age and mentally normal.

The parents or guardians must be totally unable to pay for all or any part of the treatment. No pay or part-pay patients are admitted.

The condition must be such that there is a reasonable hope either of cure or of being materially helped.

The chief problem is that of transportation, but co-operation from those sponsoring the children and special consideration from the railways contribute to overcome the financial difficulty of bringing the children back and forth for treatment. Frequently, several short periods of hospitalization for treatment suffice, and the child is returned to his home in the interval, wearing a plaster cast, brace or other appliance. On the other hand, prolonged hospitalization, particularly in cases of tuberculosis of the bones, is necessary in order to obtain the desired result. Other factors contributing to lengthy hospitalization are undesirable home conditions, lack of medical supervision and distance.

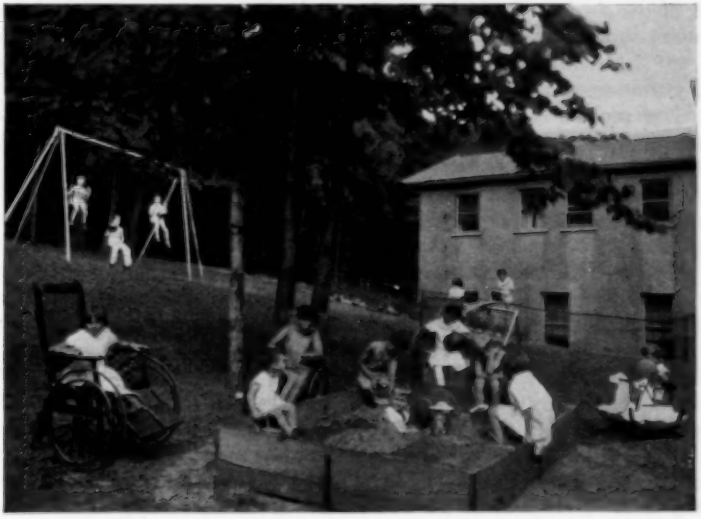
During the ten years this hospital has been in operation, in over a thousand individual admissions, 25.4% were due to infantile paralysis, 45.5% to congenital and birth injuries, of which 14.4% were congenital club feet. The remaining 29.1% were made up of acquired conditions such as mal-union of fractures or burns with extensive scarring.

Orthopaedic nursing experience seems most valuable to the nurse who has a real interest in children and who, in addition, has a mechanical turn of mind. Inasmuch as deformities are best treated while the child is under fourteen years of age, the young nurse has an excellent opportunity of studying the normal child at all stages of his mental and physical development.

While he may have physical disabilities, he is not by any means a "sick child" in the ordinary sense of the word, with the possible exception of a few days following operative treatment or during any illness that may develop during his stay in hospital. The nurse will also learn that the crippled child should never be made to feel that he is in any way different from the ordinary child, because eventually many will regain at least a large measure of efficiency, if not a total recovery. A sense of inferiority might indeed prove to be a more serious handicap in the future than the previous physical disability.

Great care is taken during hospitalization to help the child to develop normally and every effort is made to create only those situations in which he may express himself in as normal a manner as possible. Therefore, in the school-room, occupational therapy department and ward, each child is encouraged to do and perfect the thing for which he has a special aptitude. For example, such a simple thing as selecting and wearing a dress of her own choice has a stimulating effect on any little girl. How much more so for these children, many of whom have been accustomed to the minimum in the way of personal adornment?

Orthopaedic surgery demands a highly specialized type of nursing service if the best results are to be obtained. While the nursing field is obviously limited, it nevertheless demands a combination of technical skill and keen psychological insight. Dr. W. G. Turner, chief surgeon of this hospital and professor of orthopaedic surgery at McGill University, has said that the successful orthopaedic surgical nurse is one who primarily has an intelligent understanding of the mind of a child and who can readily adjust herself to his point of view and gain his confidence.



PLAYGROUND AT THE SHRINERS' HOSPITAL, MONTREAL

The hospital recognizes its responsibility for offering certain educational privileges to the undergradute student and to graduate nurses. An intensive course, covering a period of two months,

is available for the nurse desiring this experience. Careful supervision and teaching is given by specially qualified nurses, who by a system of rotation, are transferred at intervals from one department to another thus ensuring a variety of experience and freshness of outlook. The value of a positive health programme for the staff as well as the patient is emphasized, stressing the importance of vaccination and immunization against infectious diseases. For the nurse, periodic X-rays of the chest are a protection for the patient and the nurse herself.

Nursing Skills

The maintenance of medical asepsis is a matter of routine. The use of cubicle technique protects the patients from one another, from the nurses and doctors attending them, and from the public. New patients are isolated for two weeks following admission. Modifications of routine nursing procedures are necessary due to the nature of the work, such as careful attention to plaster casts to prevent swelling, irritation or pressure sores. Thorough knowledge must be acquired of how braces and splints are made, what they are intended to do and their proper application and fitting.

Special care must be given to patients suffering from tuberculosis of the bones and joints, where a curved or a straight Bradford frame or Buck's extension is used. The careful handling of patients where overcorrection in a fixed position is required, and at the same time, maintaining the comfort of the patient and giving adequate nursing care under unusual conditions, require a high degree of nursing skill.

Skilled adjustment and manipulation of the various kinds of apparatus must be perfected; for instance, the making and applying of a Buck's extension according to the surgeon's orders, also the plaster bandage, its preparation, application and specific uses. The many adaptations of ordinary bed-making, to suit the various types of apparatus used in orthopaedic hospitals, must be learned.

The nature of the special pre-operative and post-operative care must be studied as must the observation of surgical technique in the operating room. The nurse will soon realize that surgery is not the only method of treating orthopaedic conditions and that much may be accomplished by hydrotherapy, physiotherapy and corrective devices such as casts, braces and splints. Great stress is laid upon the general care and management of children and the importance of a plain, wholesome and well balanced diet.

Lectures are given by a staff surgeon outlining the cause, care and treatment of the various conditions treated; these are amplified by nursing class and ward teaching to demonstrate the co-relation between theory and practice in each type of case. Ward clinics are given by the chief surgeon and his staff and a visit to the brace-maker's shop is made in order to observe methods of designing and making braces and splints.

Follow-Up

Through a follow-up committee, composed of the Shriners themselves, vigilant supervision is carried on in the home, following the child's discharge from the hospital. In addition, plans have been made recently to check up, as far as possible, children treated during the last ten years so as to ascertain if anything further might be accomplished elsewhere if they are beyond the age limit for admission here.

In conclusion it may be said that the results in orthopaedic surgery, though in many cases long delayed, are none the less a source of profound satisfaction to all concerned.

[*Editor's Note*: A second article describing, in detail, the nursing care of an unusual and interesting orthopaedic case will appear in an early issue.]

Department of Public Health Nursing

AN EXPERIMENT IN RURAL NURSING

KATE SHAW BRIGHTY, Superintendent, Public Health Nursing Branch, Department of Public Health, Province of Alberta.

In 1934, the Alberta Association of Registered Nurses undertook the responsibility of providing temporary employment, with a small remuneration, to a graduate nurse from an Alberta school of nursing. A committee was appointed to undertake this endeavour and three basic principles guided their plans: the scheme should provide employment for a nurse within the province; it should meet a community need; the service should be kept under supervision.

Cognizant of certain trends in the development of state health insurance, the committee turned to the Alberta provincial public health nursing branch for a field in which to develop their plans. District nursing in isolated communities under the direction of the Department of Public Health has been active since 1919 and the nurse doing this type of work centres her attention upon infant and maternal welfare. For those who are cut off from medical and hospital care, a programme of obstetrical service is developed, first aid in the community is given, and the rural school is safeguarded by an annual inspection with periodic campaigns of inoculation and vaccination.

Some one hundred and twenty miles south-west from Edmonton is a territory which has rapidly been developed by new settlers and is immediately adjacent to a well developed provincial nursing centre. This new settlement is known as Allder Flats. The growing demands of the community upon the provincial nurse, fifteen miles distant, became an increasing burden both to the nurse and to Allder Flats. The committee visited the district and offered to enter into a temporary agreement that the community should build a cottage for the nurse to live in and should also provide fuel, water and transportation. To the uninitiated this might appear a tax on the people, but with the logs from the heavy standing timber, a gift of lumber from local mills, and the united efforts of the community, the work was accomplished. The axemen came originally from Scandinavia, the plane and saw were in British hands, and the entire four-room interior was plastered by the clever hands of women of the Ukraine. Home-made cupboards, tables, doors, and window casings were added and we have a cottage to be proud of. The women of the community, from their own meagre supplies, gave a shower of small household requisites; lamb's wool comforters, pots, kettles and frilly curtains found their way to the cottage. The committee was fortunate in having a donation of larger pieces of furniture from outside sources.

Allder Flats has not yet arrived at the status of a village but represents a large homesteading community. The little centre consists of a post-office, the nurse's house, a school with thirty children in attendance, and a store. Five miles to the south-east is a logging mill, operating in a stand of timber which will provide employment for twenty years. At present there is no telephone or telegraph communication with the "outside", but the mail carrier comes in twice a week with the news from the world outside.

East from this centre, and fifteen miles distant, lives Miss Conroy, provincial district nurse, who is a member of the Allder Flats Nursing Committee. She has had public health training and possesses years of experience in the type of work she is doing. Miss Conroy supervises the Allder Flats centre, directing and advis-

STARTING HER ROUNDS

ing the new nurse. The first nurse to be sent by the Association to Allder Flats was Miss Marjorie Maynes, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and a resident of Calgary. Before entering upon her work, Miss Maynes stayed with Miss Conroy doing some practical bedside work under her direct supervision.

Allder Flats was Miss Maynes' home for five months but although shut away from the outside world, days are never monotonous. The nurse's house is a rendezvous for all who pass by. Not only must questions of health be talked over, but various social problems as well. Joys and sorrows must be entered into, and a cup of tea with feet drawn up to the gas tank is often more efficacious than medication from the well-stocked dispensary. At the conclusion of Miss Maynes' term, the second nurse, Miss Jean McKinley, a graduate of the School of Nursing of the Medicine Hat General Hospital, entered into the work with the same routine of visiting the provincial district nurse before taking up residence at Allder Flats.

This experiment has given first-hand experience in field work, it has stimulated initiative and has given employment under supervision. It may lead to a wider development of nursing service within the province for it has proven of untold value to the community in which it has been carried on.

[*Editor's Note*: The two succeeding articles, "Allder Flats" by Miss Marjorie Maynes, and "Depression Plaster" by Mrs. Sheridan, round out the picture, given by Miss Brighty, of a characteristically Western enterprise. Miss Maynes is "the nurse herself" and Mrs. Sheridan is one of the many Western lay women who make such plucky experiments possible.]

DEPRESSION PLASTER

EVA SHERIDAN, Secretary, Allder Flats Local Nursing Committee.

Mrs. Sheridan is the secretary of the Allder Flats local committee and gives an amusing insight into the resourcefulness of pioneer communities in Alberta. Here is her comment:

The community of Allder Flats feels greatly indebted to the Alberta Association of Registered Nurses for sponsoring this work. Every endeavour has been made by the homesteaders to make a comfortable and convenient cabin, all the work being carried on by voluntary labour with donations of lumber, building hardware and some furnishings, thus making a very small outlay of cash necessary. The cabin has recently been treated to a good coat of "depression plaster" which, with the addition of a cement and field-stone chimney before the winter sets in, should give our nurse a warm home. The expression "depression plaster" perhaps needs a little explanation. It is made after the Ukrainian style, of local mud and straw, worked together by trampling upon it with the feet. The mixture is thrown by handfuls at the walls, the impact with the wall causing the mud to spread and sink into the cracks. The women usually do this work, and they have helped with our cottage, but in this particular instance a group of young men did most of it. It is not uncommon, during a particularly hot, moist summer, for the walls to sprout grass, inches long, and in one instance, Miss McKinley declared she gathered some dandelion leaves on the bedroom walls.

ALLDER FLATS

MARJORIE MAYNES, Graduate of the School of Nursing of the Alexandra Hospital, Edmonton, Alberta.

Allder Flats was just a name no one I knew had ever heard tell of. To me, however, it was far more than that: it meant a chance to begin public health work, something I always thought I would like to do. I still think so. Miss Conroy, the provincial public health nurse, received me at Pendryl and at once made me feel at home. I stayed with her for a month and worked under her supervision and instruction. The need for nurses in these outlying districts is only realized when one gets out among the people, some of them being miles from telephone or railroad. At certain times of the year the roads are impassable and it would perhaps be impossible to get a doctor in to the patient before it would be too late.

Following my short stay with Miss Conroy, I went to live in my cabin at Allder Flats and I will tell you about my first case in my own district. This case was a little out of the ordinary, and greatly out of place. I was called about six in the morning and, on the way to the house, the husband explained that both he and his wife and his wife's mother wished her to be delivered in the hospital, "just to be on the safe side in case anything happens." In spite of advice to the contrary, as labour was well advanced, they insisted upon going to the hospital, and we started out in a Ford. Instead of being born in a nice respectable home, or on the case-room table, the child was born in the old Ford on the main highway. Everything went along nicely, and "nothing happened," nothing alarming, I mean! The baby, a boy, will probably be one of those fresh-air fiends; at least, he had a good start.

Shortly after this happened, a case of chicken-pox was reported to me, and when I asked why the patient did not wish to see me, I was told that this person would never come to me about anything as I had sent my first case to the hospital, and would likely try and send all other cases along the same path, and she wasn't going to go to any hospital just because of chicken-pox.

My home at Allder Flats was a new four-roomed log cabin, very nicely furnished. A large portion of the furniture had been sent from friends in Edmonton. My chief interest in the house during the cold weather was the heating facilities. The kitchen stove proved, with one try, that baking anything in the oven was an utter impossibility; early in life it had had something go radically wrong with its "innards," and had never undergone treatment or operation to remedy this trouble. Cooking on top could be made possible by gently stoking the small firebox every five or ten minutes. On particularly cold mornings, this invalid became choked up and smoked, as an asth-

MAKING "DEPRESSION" PLASTER

matic patient would cough if the temperature were not just right. I put myself on a boiled and fried diet.

The heater was a great comfort, even if it did look like a geometrical drawing of a rhinoceros about to charge. You see, it was an oil drum, placed on its side, with four legs supporting it, and an opening in one end to feed it by. It ate plenty when the temperature was around 40° to 50° below zero but always kept the cabin nice and warm.

The school was just across the road with about thirty children in attendance. The school teacher and I became quite good friends and had a lot of good times together. My nearest neighbours were about a block away, so I never felt "all by myself and lonesome." I met some lovely people while there and everyone did their best to be nice and have me enjoy myself; they succeeded to such an extent that I was very sorry to leave. A great number of the people in the community are Ukrainian or Hungarian. At times we had great difficulty in making ourselves understood, but always seemed to manage somehow, although some of the ways of going about it were rather startling at times.

A bad accident happened during December; about seven in the evening a sleigh went over the end of a bridge and six people fell fifteen feet into a creek bed. The sleigh box landed upside down on top of them and one of the party had a four-inch scalp wound and was knocked unconscious. A little girl was suffering from slight concussion, another from a sprained wrist, and the others had minor injuries to legs, arms and backs. They were brought to the cabin by a neighbour whose home was close to the scene of the accident. Fortunately they all made a rapid recovery.

It isn't always a nice comfortable sleigh with a frisky team and warm fur robes that call for you to go on a case. On New Year's Day, I had just finished a nice big dinner of turkey and all that goes with it, when a rig drove up to the door. No one knew who it was, so I knew it was for me, and I wasn't mistaken. One ancient and very tired horse pulled behind it a piece of home craft, built along the stream lines of a stone boat, in fact the only difference was that this vehicle had a board nailed along either side. The only covering provided was an old army coat which one of the men should have had on his back. The trip was through heavy timber and up and down steep cutbanks. At times we all had to get out and push on one side or the other of our sleigh to keep it from going off the road and into a creek bed. Gladys (the horse) fell down three times during the trip, and each time required a little more stimulation of various kinds before she would get up and carry on. It was very cold, and I was surely glad I had just got up from the table instead of just sitting down.

Hard Times

One meets many amusing and unexpected things doing this kind of work; I enjoyed it all immensely. The only depressing thing about it is the condition of the people. The majority of them are very poor. The children are undernourished and some are rickety, due to improper and unvaried diet. They are without enough clothing to keep them warm, and in some cases have not even enough bedding to cover them properly. We remedy these conditions as soon as possible when we find out about them, but it is very pathetic. These people are not ungrateful and appreciate what is done for them, perhaps more than we understand, or they can tell us.

Allder Flats hopes some time in the near future to become a regular district. They are certainly doing their best to work towards that goal, and I for one, wish them luck. Miss Jean McKinley is at Allder Flats now and I hope she is enjoying her stay there as much as I did.

Department of Private Duty Nursing

THE RUNNING EAR

G. E. M. HILTON, M.D., Department of Oto-Laryngology, Montreal General Hospital.

The running ear is a condition very common to mankind, and, although most prevalent during childhood, it may affect the newborn babe or the octagenarian of either sex. It is only within the last decade that the running ear has been accorded its proper respect. Even today, especially in the slums, the rural communities, and amongst the ignorant foreign population, a running ear is hardly considered worth bothering about and is slightingly treated as one of many necessary evils. However, the more enlightened public today realize that a discharging ear is dangerous and necessitates immedite attention, so they forthwith go to their family doctor or some convenient clinic in their neighbourhood. It is sometimes unfortunate for the welfare of the patient that many general practitioners, nurses, and even relatives of the patient consider themselves competent to institute or prescribe treatment for one of these cases without in the first place consulting an aural specialist. There are many pitfalls for the unwary and it not infrequently happens that the poor harassed patient is brought to the ear specialist as a last resort and often at a time when the condition has passed on to the chronic stage or when some complication not amenable to treatment has made itself manifest.

Diagnosis

One of the most important things about a running ear is the necessity for immediate and proper treatment or supervision of treatment by an aural specialist. This is a fact that cannot be over-emphasized. It is the neglected cases, or cases subjected to improper and inadequate treatment, that are prone to develop distressing and often fatal complications. On the other hand, if the patient survives improper treatment, and the majority do, he most likely is left with a chronic suppurative otitis media, deafness or some of the annoying and disabling sequelae that usually plague the patient for the rest of his life. It must be admitted that there is a certain percentage of cases which, even with the most expert care, will not reach a favourable termination. However, these form a small minority when expert attention has been given in the early stages of the disease.

As there are numerous other conditions that may give rise to a discharge from the ear, aside from otitis media, it behooves the nurse or the patient to obtain expert advice. It is only after a correct diagnosis has been reached that appropriate treatment may be instituted which will produce the best results. As has been stated before, the ultimate result or outcome of a running ear depends largely on the efficacy of the treatment it receives. Unfortunately, cases treated at home, where the specialist has to leave the treatment in the hands of the unskilled parents, relatives or friends, do not progress as well as those having special nursing care or confined to hospitals. The nursing care in these cases is half the battle.

The discharges from the ear in these cases will vary according to the type and virulence of the infection present and to the length of time following the onset of infection. As a general rule the discharge is watery, serous or thin and blood-stained for a day or two following early rupture or paracentesis of the drum. The discharge then gradually becomes thicker and yellow in colour and may or may not be mixed with a variable amount of mucus. This is the purulent stage of otitis media. In a week or two, with a subsid-

ing infection, the discharge becomes more scanty, less purulent and non-mucoid in character and in children especially, may be almost entirely mucoid before the discharge stops. A favourable termination, where the discharge stops, the perforation begins to heal and the drum begins to assume its normal appearance, is to be expected within three or four weeks. In unfavourable cases the discharge continues after the three or four week period and the condition becomes a chronic one. It is these chronic suppurative otitis media cases that are so difficult to heal and that impair the hearing to such a marked degree. Thus, if intensive and proper treatment is to be instituted, it should be as early as possible and before the condition has reached the chronic stage.

Treatment

The treatment of these conditions necessarily varies somewhat in different clinics, but they all have the same object in view: keeping a free outlet for the pus and infection in the middle ear and thus minimizing complications and helping the patients to a speedy convalescence. There are two usual routine methods of treatment commonly called "the wet," and "the dry." The dry method consists in inserting a thin strip of dry gauze into the external canal so that the proximal end is adjacent to the opening in the drum and the distal end of the gauze at the outlet of the external ear canal. This strip of gauze by absorption and capillary action soaks up the discharge as it comes through the ear drum. This method has proven successful in some hands but has many disadvantages.

The wet method of treatment (the one most generally used), gives good results and, with the proper observance of a few essential points, can be carried out by any intelligent individual. This method consists, primarily, in washing the discharge out of the ear with some innocuous solution such as boracic acid. Where there is a profuse discharge filling the external canal, it is a good plan to first swab out as much of this discharge as possible with cotton applicators. When the excess discharge has been removed, four or five drops of pure hydrogen peroxide should be instilled in the ear and allowed to remain for a few minutes. This helps to loosen up any thick or dried discharge around the opening in the drum and in the external ear canal. Now the ear should be syringed with warm boracic acid solution. Blood heat is about the right temperature; hotter than this is liable to make the patient dizzy and uncomfortable. The ear should be well pulled backwards, outwards and upwards, thus bringing the external canal into the nearest semblance of a straight line. After expelling the excess air from the syringe the nozzle should be inserted into the external ear canal for a depth of from one quarter to one half inch. Now, still keeping traction on the auricle, the fluid is forced into the ear under a steady moderate pressure. On no account must the nozzle of the syringe be pushed into the ear so that it fits snugly into the external canal. There must always be enough space around the tip of the syringe for the escape of the fluid. A gentle up and down or rotary motion of the tip of the syringe as the fluid is expelled helps to set up swirls and currents in the external canal which will dislodge accumulations of dried discharge or exfoliated epithelium.

After using one syringeful of solution it is a good practice to dry the canal with absorbent cotton applicators and again instil some hydrogen peroxide drops. The syringing is again resumed and repeated until the return flow is clear. Now the external canal is carefully dried with cotton applicators. According to the stage and progress of the disease, alcohol drops may or may not have been prescribed as part of the treatment. If so, they are instilled after the syringing and drying of the ear and a small plug of cotton in-

serted into the entrance of the external canal. Some discharges are very irritating to the external canal and auricle so it is a good practice to apply vaseline or zinc oxide ointment on applicators to the external ear canal and auricle both before and after syringing. This will often prevent a troublesome eczema and helps to combat any maceration of the tissues. A piece of absorbent cotton, impregnated with vaseline or zinc oxide, is now inserted into the opening of the external canal and left there until the next syringing. While the discharge is profuse, the syringing will be frequent, but as the discharge decreases and the infection subsides, will become less frequent until ultimately only the alcohol drops may be necessary.

In long standing ear infections, where there is only a small amount of discharge, alcohol drops used two or three times daily may be all the treatment necessary. Where the discharge is very slight, insufflation of various antiseptic powders is used with quite good results.

Danger Signals

Any nurse or attendant entrusted with the care and treatment of one of these cases must always be on the lookout for any signs or symptoms that might point to some developing complication, and if anything untoward appears the surgeon in charge of the case should be notified immediately. The following signs and symptoms occurring in a patient with a running ear demand an immediate investigation to ascertain their cause; therefore, the nurse or attendant should immediately notify the surgeon in charge of the case if they appear: sudden cessation of the aural discharge or a sudden increase of the discharge or change of character; pain, tenderness, redness or oedema over the mastoid area; severe headaches, photophobia, stiffness, pain or retraction of the neck; dizziness, chills or chilly sensations or a twitching, weakness or paralysis of the facial muscles. From the foregoing it will be seen that there are many signs and symptoms that may manifest themselves when the progress of the case is not as it should be. These signs and symptoms rarely occur singly but usually in varying combinations so that it is not difficult to tell when a case is not progressing favourably.

Associated Conditions

The running ear is in most cases secondary to some co-existing condition. It is frequently a complication of the exanthemata or enlarged tonsils and adenoids especially in children. Then again, colds, grippe and influenza often lead to ear trouble. Sinus infection and deformities of the septum and turbinates of the nose may often be a cause. An ear will often continue to run until these associated conditions are cleared up and it is attention to these conditions which is so important in after-treatment.

In conclusion, I wish to repeat that a running ear is a very serious condition, needing immediate expert attention and demanding proper efficient treatment. The earlier proper supervision and treatment is instituted, the brighter is the outlook for a favourable termination.

Book Reviews

NUTRITION IN HEALTH AND DISEASE FOR NURSES, by Lenna F. Cooper, B.S., M.A., M.H.E.; Edith M. Barber, B.S., M.S., and Helen S. Mitchell, B.A., Ph.D. Published by the J. B. Lippincott Company; Canadian office, 525 Confederation Building, Montreal. 123 illustrations. 711 pages. Sixth edition revised and reset. Price, $3.50.

The content is arranged to cover two courses. Parts one, two and four comprise the subject matter for the first course: Principles of Nutrition and Cookery. Part one consists of fifteen one-hour class periods, devoted to the principles of nutrition. Part two consists of fifteen short lessons on foods and is intended to cover the first half hour of a two-hour laboratory period, the remaining one and one-half hours being devoted to food preparation, the recipes for which are supplied in part four. Part three consists of thirteen one-hour lectures constituting the second course: Diet and Disease. This allows for one hour of review and one hour for examination in a fifteen-hour course.

This new edition is more than a revision. It has been entirely rewritten and reset. The addition of new chapters, new subject matter, new illustrations, new and improved tables in a revised order make it better adapted for teaching purposes. There is a good summary and review at the end of each chapter.

Part three has been expanded to allow for a more complete discussion of the metabolic disorders, the deficiency diseases and the newer points regarding dietary treatment of diseases in general, and there are a number of important and convenient new tables.

One chapter is devoted to a discussion on nutrition in relation to the public health programme now being carried on in the United States. Public health nurses will find this helpful when advice must be given regarding the best use of a limited food allowance. Private duty nurses will discover some appetizing recipes in which the quantities are given in terms of the needs of one person. The book as a whole is highly recommended.

BACTERIOLOGY FOR NURSES, by M. A. Smeeton, B.Sc., M.A., Instructor in Bacteriology, New York University, and Bellevue Medical Schools. Fourth edition, revised. Illustrated. 324 pages. Price, $3.60. Published by The Macmillan Company of Canada, St. Martin's House, Toronto.

Revision has made possible a re-organization of subject matter and the addition of new formulae and illustrations. The style is simple and direct and although there are no so-called "teaching aids" or summaries, the book will be found a useful and authoritative text.

PEDIATRIC TREATMENT. A manual of the treatment of the diseases of infants and children designed as a reference work, especially for the general practitioner. By Philip S. Potter, A.B., M.D., F.A.A.P. 555 pages. Price $6.00. Published by The Macmillan Company of Canada.

Although this book is primarily intended for the use of physicians, nurses will find it a valuable reference. In division one, several chapters deal with nursing procedures and in division two the topic of nutrition is treated at length. Division three describes the treatment of the abnormalities of the newborn. Division four is divided into nine sections, seven of which deal with diseases associated with the various systems and the other two with communicable diseases and disorders of the organs of special sense.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

General Meeting

Twice within the past decade the Canadian Nurses Association has been privileged to hold a general meeting in a city that was celebrating its Centennial Anniversary of Incorporation. These cities were Ottawa in 1926, and Toronto in 1934. Now again the Association is to meet during civic celebrations when, in 1936, the members will assemble in Vancouver, which will observe its semi-centennial next summer. In a later issue definite information from the programme and arrangements committees regarding their preparations for the General Meeting will be available for these pages. It is suggested to members who are questioning "Where?" when contemplating a vacation next summer that the ever attractive western route be chosen. The dates of the Canadian Nurses Association General Meeting are June 29 to July 4, 1936.

Already the committee on arrangements is well organized under the convenership of Miss Kathleen I. Sanderson, of Vancouver. The members of the committee are: Misses Grace M. Fairley, Elizabeth G. Breeze, Cora Tretheway, Helen Randal, Margaret Duffield, Mary Campbell, Agnes MacLeod, Esther Paulson, Mabel F. Gray, Margaret E. Kerr, P. Mooney, Winnifred Cook, M. Ewart, A. McLellan, Mrs. G. E. Gillies, Mrs. Rae Gordon and Sister Therese Amable. The committee is subdivided into groups that will be responsible for registration, information, entertainment, transportation and professional exhibits.

Programme

As is customary, the President of the Canadian Nurses Association, Miss R. M. Simpson, is convening the programme committee. With the co-operation of the chairmen of the three national sections, there is under preparation a programme embracing national professional interests and centralizing specifically on the immediate activities with which the Association is concerned.

Executive Committee

The Fall meeting of the Executive Committee of the Canadian Nurses Association was held in Regina, on September 28. The minutes of that meeting have not arrived at the National Office as these notes are being written so that the report dealing with that meeting is delayed.

Following the annual meetings of several of the Provincial Registered Nurses Associations a number of newly-elected officers become councillors of the Executive Committee of the Canadian Nurses Association. Each new councillor is welcomed to the Executive. It is anticipated that the contribution of each towards the direction of affairs of the national and provincial organizations will be equal to that rendered so well by her predecessor.

The Sections

The resignation of Miss Mary Chisholm as chairman of the Private Duty Section has been received and accepted with regret by the Executive Committee. Miss Chisholm's resignation is due to her leaving the private duty field. The vice-chairman of the Section, Miss Jean L. Church, of Ottawa, becomes acting chairman until the time of the General Meeting of the Canadian Nurses Association.

On account of illness, Miss Nora Nagle has been obliged to resign as secretary of the Nursing Education Section. Miss E. Frances Upton, of Montreal, who preceded Miss Nagle in office, will again act as secretary until the General Meeting next year.

Miss Dorothy Percy, of the staff of the School of Nursing of the University of Toronto, is replacing Miss Gladys Sharpe as convener of the Committee on Instruction of the Nursing Education Section, during the latter's absence while attending the courses offered under the auspices of the Nightingale International Foundation.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars ($1,250.00) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1936-1937, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, living expenses at Florence Nightingale International House and a small allowance for incidental expenses. Courses are available for either:

(1) Nurse administrators and teachers in schools of nursing.

(2) Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

THE EXECUTIVE SECRETARY
Canadian Nurses Association,
1411 CRESCENT ST., MONTREAL

to whom completed applications should be returned not later than January 15, 1936, together with the necessary forms and credentials.

The award will be announced on April 1, 1936.

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An Examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

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Parliament Buildings, Toronto

The Superintendent of Nurses of one of the leading hospitals in the Dominion said in a letter of August 3rd, 1935: "We have used Williams' 'Anatomy' for some time now, as you probably know, and find it quite the best textbook for student nurses on the market."

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EXAMINATIONS FOR REGISTRATION OF NURSES IN MANITOBA

The University of Manitoba will conduct its semi-annual Examination for Nurse Registration on behalf of the Manitoba Association of Registered Nurses on November 12th, 13th, and 14th, 1935, at the University Broadway Buildings, Winnipeg.

Applications will be accepted only from graduates of recognized Hospital Training Schools who have completed their period of training.

For further information, address:—

THE REGISTRAR,
UNIVERSITY OF MANITOBA.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

BRANDON: The Graduate Nurses Association recently held the first meeting of the year with Miss Dora Muir, the new president, in the chair. We had a delightful talk from Mrs. Kidd on the value of massage. Miss Bennett, convener of the hospital group, introduced the speaker of the evening, Mr. Bell, who gave an excellent address on "The Will to Peace."

WINNIPEG: A ten-day refresher course for public health nurses was recently arranged and directed by the Department of Health and Public Welfare of the Province of Manitoba. Conferences for staff members of the Department were held each morning and consisted of lectures and demonstrations by the director of nurses, Miss Elizabeth Russell, and the supervisors. Lectures were also given by members of the staff of the Division of Public Welfare which served the dual purpose of introducing the social aspect of the work and fostered interdepartmental relationship. The discussions and exchange of ideas proved very beneficial to both groups. The afternoon sessions and lectures were open to all graduate nurses and were attended by private duty, institutional and city public health nurses, the lecture theatre in the Medical College being filled to capacity at each session.

Several members of the medical profession gave generously of their time in an endeavour to give the nurses the benefit of the most recent developments in the field of medical science. Among this group were: Dr. F. W. Jackson, Dr. D. A. Stewart, Dr. F. G. McGuiness, Dr. Day, Dr. Medovy, Dr. McCharles and Dr. Mathewson. We were particularly fortunate in being favoured with lectures and clinics by visiting specialists among whom were Dr. Meakins and Dr. A. T. Mitchell of Montreal, and Dr. Harris and Dr. Routley of Toronto. Dr. Wall, of the Federal Department of Indian Affairs, conducted a most interesting trachona clinic, demonstrating cases of varying stages of the disease. A good clinic on venereal diseases was held at St. Boniface Hospital by Dr. Peterson.

As a mark of their appreciation, the nurses of the Manitoba Public Health service held a reunion dinner, with Miss E. A. Russell, director of the service, as guest of honor. Miss Russell was presented with a basket of American Beauty roses by Miss Josephine De Brincat, president of the Public Health Nurses Social Club.

WINNIPEG: In honor of the 1935 graduates, the Misericordia Nurses Association recently entertained at dinner. Miss Eleanor Bannatyne was chairman and the toasts were proposed by Misses M. McKellar, F. Battley, D. Ballentine and M. Currie.

NINETTE: The twenty-fifth anniversary of the founding of the Manitoba Sanitarium was recently celebrated with a large attendance from all parts of the province. So closely identified with the work that he and it are merged into one, is Dr. David A. Stewart who has justly been described as "Manitoba's most useful citizen." In his address Dr. Stewart referred to the valuable work done by the nursing staff and especially by the superintendent of nurses, Miss Jean Houston. The Manitoba Association of Registered Nurses was officially represented upon this happy occasion by the president, Miss Elsie Wilson, who is herself associated with the fight against tuberculosis by virtue of her work at the Central Tuberculosis Clinic at Winnipeg.

WINNIPEG GENERAL HOSPITAL: Miss Birtles, O.B.E., was recently a welcome visitor in Winnipeg. Mrs. A. W. Moody, honorary president of the Alumnae Association entertained at tea in her honour. The Alumnae Club will be divided into three groups this year, several having combined. The groups will be: handicrafts and social service; music and art; drama. Already a most interesting schedule has been planned for the winter months.

WINNIPEG GENERAL HOSPITAL: The friends of Mrs. Thomas Nisbet, formerly Miss Flora Lawford, extend their sympathy to her in the death of her husband.

MARRIED: On August 9, 1935, Miss Mabel Cameron (W.G.H., 1928) to Mr. Barron Milner Atkins.

MARRIED: In September, 1935, Miss Marjorie Cowie (W.G.H., 1928) to Dr. Norman Elvin.

MARRIED: On August 31, 1935, Miss Vera Dalrymple (W.G.H., 1930) to Mr. Duncan Fletcher.

MARRIED: On July 9, 1935, Miss Dorothy Gabb (W.G.H., 1929) to Rev. John Lax.

MARRIED: On August 17, 1935, Miss Ruby Gray (W.G.H., 1932) to Mr. Gregory Anderson.

MARRIED: On September 14th, 1935, Miss Peggy MacKay (W.G.H., 1930) to Dr. W. A. Howden.

MARRIED: On June 12, 1935, Miss Janet

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HELEN CARRUTHERS Reg. N.

McKnight (W.G.H., 1928) to Mr. Frank Fenwick.

MARRIED: On September 4, 1935, Miss Kathleen Patterson (W.G.H., 1932) to Dr. W. A. Drummond.

MARRIED: On September 9, 1935, Miss Daisy Powell (W.G.H., 1929) to Mr. Thomas White.

MARRIED: Recently, Miss Eleanor Thompson (W.G.H., 1928) to Mr. E. Louis Renaud.

NEW BRUNSWICK

SAINT JOHN: The regular meeting of the Saint John chapter of the New Brunswick Association of Registered Nurses was held recently at the Saint John General Hospital. Reports from the annual meeting were discussed after which Dr. S. R. D. Hewitt gave a lecture on group hospitalization.

MARRIED: On August 17, 1935, Miss Dorothy R. Andrews (S.J.G.H., 1933) to Mr. George Niles.

MARRIED: On October 2, 1935, Miss Marjorie M. Eastham (S.J.G.H., 1932) to Mr. Charles S. Maclean.

MARRIED: On September 16, 1935, Miss Muriel A. Sharpe (S.J.G.H., 1933) to Rev. George A. Bingham.

SAINT JOHN: The annual meeting of St. Joseph's Hospital Alumnae Association was held recently and the secretary made a gratifying report of the year's work. The treasurer reported the Association to be in good financial standing. Miss M. Carey spoke on the objects and the formation of the Maritime Council of Catholic Nurses. The list of officers for the ensuing year is as follows: President, Miss M. Carey; vice-president, Miss M. Downing; secretary, Miss M. Murphy; executive committee: Mrs. J. L. Mullaley, Miss G. Buckley, Miss A. McGonity. The vice-president is to be in charge of the study club, with Mrs. T. Enright as secretary.

MARRIED: Recently, Miss Margaret Higgens (St. Joseph's Hospital, 1926) to Mr. William Catharin.

MARRIED: On September 28, 1935, Miss Irene Edith Kiernin (St. Joseph's Hospital, 1928) to Mr. Thomas Arthur Donovan.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently with the president, Mrs. Frank Hanson, in the chair. There was a good attendance and work was re-organized for the coming year. The association recently held a variety shower at the home of Mrs. Wendall Slipp in honor of Miss Nina Veness, a bride-to-be, who received many useful and lovely gifts.

ONTARIO

DISTRICT 2 and 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held recently, the guest speaker being Mr. C. Moyer, who gave an interesting illustrated lecture on his trip to Mexico. Dr. and Mrs. Leslie Bier of Angola, Portuguese West Africa, were entertained at a recent staff conference when Dr. Bier gave an interesting talk on his work in Africa. Miss E. M. Read (B.G.H., 1934) is taking a course in teaching and administration at the School of Nursing of the University of Toronto. Miss E. M. Widdup (B.G.H., 1934) has accepted a position with the Neighbourhood Welfare Society of Toronto. Miss Gladys Buzza (B.G.H., 1931) has returned after spending six months in England. Miss E. M. McKee has returned from St. Louis, where she attended the American Hospital Association Convention.

The work of the Victorian Order of Nurses in Brantford shows an encouraging increase, reflected in the 503 visits reported for last month. Miss Mickleborough, V.O.N. Supervisor, who recently inspected the work, expressed herself as being pleased with its thoroughness and efficiency.

MARRIED: On October 5, 1935, Miss Mina S. Gillespie (B.G.H., 1933) to Mr. Emerson Pickett.

MARRIED: On September 7, 1935, Miss Gladys A. Rodman (B.G.H., 1934) to Mr. Alfred Moffatt.

MARRIED: On September 11, 1935, Miss Violet A. Van Valkenburg (B.G.H., 1934) to Mr. Huber McNally.

GALT: Miss Aubra Cleaver, who for more than three years has been superintendent of the Galt Hospital, received many evidences of appreciation upon the occasion of her retirement from that position. She was presented with an engraved silver rose bowl by members of the hospital medical staff, the presentation being made by Dr. G. E. D. Wilson, president of the South Waterloo Medical Association. Sixty nurses attended a rally at the Galt Hospital at which Miss Cleaver acted as chairman. She spoke of the change in the organization of the hospital from one with nurses-in-training to a graduate staff, stating that owing to the co-operation and loyalty of the board, the doctors, and nursing staff this work had been successfully accomplished. The nurses were urged to give the same loyal support to the new superintendent, Miss Ella Moffat. Miss Mary Crawley, a graduate of the Galt Hospital, was the guest speaker and her talk on China, accompanied with lantern slides, was intensely interesting. Miss A. Mac-

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Donald gave an excellent paper on current nursing events.

GUELPH: At a recent reunion of the graduate nurses of the Homewood Sanitarium it was decided by those present that the graduates should form an Alumnae Association. The following officers were elected: Hon. President, Miss Esther Worthmore; president, Miss Hilda Stout; vice-president, Miss F. Shaw; secretary-treasurer, Miss Ethel Wilson; corresponding secretary, Miss J. Hill. Graduates of the Sanitarium are urged to get in touch with Miss Janet M. Hill at the Homewood Sanitarium so that our membership may be built up as rapidly as possible.

DISTRICT 4

ST. CATHARINES: The annual meeting of the Alumnae Association of the Mack Training School was held recently with a large attendance. The speaker of the evening was Miss D. Mickleborough. Miss Anne Wright, superintendent of St. Catharines General Hospital, has been awarded the King's Jubilee Medal.

MARRIED: On September 16, 1935, Mrs. Josephine Smith (M.T.S., 1932), to Mr. William Ziemann.

DISTRICT 5

ORILLIA: The fall meeting of District 5, R.N.A.O. was held in Orillia. The meetings were held at the Ontario Hospital and supper was served at the nurses residence of the Orillia Soldiers Memorial Hospital. Dr. Horne and Dr. Sharpe of the Ontario Hospital gave helpful and instructive talks after which tours were conducted to the different parts of the institution. Miss Oliver gave an interesting talk on mental hygiene. There were about a hundred in attendance including nurses from Toronto, Barrie, Collingwood and Orillia. The graduation exercises of the School of Nursing of the Orillia Soldiers Memorial Hospital were held recently when eight nurses received their diplomas.

MARRIED: On September 9, 1935, Miss Irene Banting (O.S.M.H., 1932), to Mr. Ernest Scott.

COLLINGWOOD: Collingwood was represented at the recent meeting of District 5 by Miss Johnson, assistant superintendent of the General and Marine Hospital; Miss S. Doherty, Mrs. C. Lee and Miss E. M. Dawson.

MARRIED: On September 27, 1935, Miss Jean Fettis (G. & M.H., 1933) to Mr. Waldo E. Blunt.

TORONTO GENERAL HOSPITAL: Mrs. Margaret Campbell Laidlaw of Omaha, Neb., was recently an honoured guest at the Toronto General Hospital. Not only is she a member of the first class to graduate (in 1883) from the School of Nursing but she also has the distinction of being the oldest graduate nurse on the American continent.

TORONTO GENERAL HOSPITAL: Miss Coral Brodie (T.G.H., 1921) is home on furlough from China and is with her parents at Willowdale. Miss Barbara Miller (T.G.H., 1931) has completed the hospital staff nurses course at the School of Nursing of the University of Toronto, and has been appointed assistant head nurse on Ward B. Miss Margaret Scott (T.G.H., 1931) has been appointed to the eye clinic in the out-patients department. Miss Marjorie Rowland (T.G.H., 1929) has been transferred from Ward A. service to the skin clinic in the out-patients department as head nurse. Miss Anne Holdgate (T.G.H., 1933) was appointed recently to the surgical clinic out-patients department.

MARRIED: On June 20, 1935, Miss Sally Clough (T.G.H.) to Mr. John Wilson.

MARRIED: In July, 1935, Miss Beatrice Folk (T.G.H., 1931) to Dr. Hassard.

MARRIED: On August 16, 1935, Miss Rowena Hatch (T.G.H., 1932) to Mr. W. Wickware.

MARRIED: On August 3, 1935, Miss Helen Herbert (T.G.H., 1932) to Mr. J. Littleton.

MARRIED: On September 3, 1935, Miss Evelyn Hutton (T.G.H.) to Mr. R. Thomson.

MARRIED: Recently, Miss Mary Rivaz (T.G.H., 1934) to Mr. E. Manning.

MARRIED: On August 7, 1935, Miss Jean Stewart (T.G.H., 1931) to Mr. Hemingway.

MARRIED: On September 3, 1935, Miss Rowena Wilson (T.G.H., 1932) to Mr. M. Wagar.

TORONTO: VICTORIAN ORDER OF NURSES: Miss Ada E. Luxon, who resigned on August 1 from the supervisory staff of the Toronto Branch after twelve years' service, has been succeeded by Miss Ella Grant (T.G.H.) formerly supervising nurse in London, Ont.

TORONTO WESTERN HOSPITAL: The following students are taking the public health course at the School of Nursing of the University of Toronto this year: Miss Martha Saari (scholarship nurse); Miss Margaret Winfield, Miss Florence Greenaway. Miss Uriel Colwell is at present taking a postgraduate course in operating room work at Presbyterian Medical Centre, New York.

MARRIED: On September 14, 1935, Miss Isabel Buckley (T.W.H., 1928) to Mr. George Holmes.

MARRIED: On September 21, 1935, Miss Luella Macmillan (T.W.H., 1933) to Mr. John Morris Rozell.

DISTRICT 6

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held on September 24, at Nicholls Hospital Residence, with the president, Mrs. La-Plante, in the chair. It was gratifying to have a good attendance, including representatives from Lindsay. Following the president's address reports were heard from the secretary-treasurer and from the conveners of committees. Miss Walsh, convener of the permanent education fund, pointed out that only $8.00 was needed to meet our objective for the five years. Miss Watson, seconded by Mrs. Leeson, moved that a cheque be sent for this amount and it is interesting to note that District 6, R.N.A.O. is the first to reach their objective for the five years in full. An interesting paper was read by Miss Watson, the subject being "The Status of the Private Duty Nurse." An invitation from the Ross Memorial Hospital to the Chapter to hold their next meeting at Lindsay was accepted.

LINDSAY: MARRIED: Recently, Miss Kathleen S. Mortimore (R.M.H., 1932) to Mr. Clifford Tamblyn.

DISTRICT 9

SUDBURY: The annual meeting of District Nine, R.N.A.O., proved to be successful in every respect, and particularly informative and inspiring to nurses who have not been able to keep in close touch with their organization. It was the first of such meetings to be held in Sudbury. Miss Isabel MacIntosh, of Hamilton, who was the chief guest speaker at the afternoon session at St. Joseph's Hospital and at the dinner meeting, gave an interesting description of plans which are being devised to overcome the difficulties arising in situations where people in need of nursing are unable to afford the regular nursing tariffs, while at the same time, nurses are unemployed. Visiting nurses were welcomed to the hospital by the Reverend Sister Superior in a gracious address and Mayor Cullen attended to bid the visitors welcome. A highlight was the address given by Dr. Faustina A. Cook, president of the hospital staff, who spoke of community nursing problems as seen from the viewpoint of the medical profession and the "men who pay the bills." At the election of officers the executive was returned by acclamation with Miss H. E. Smith, of New Liskeard, chairman; Miss Jean Smith, of Gravenhurst, vice-chairman; Miss Robena Buchanan, Gravenhurst, secretary, and the following chapter chairmen: Miss Elizabeth Gordon, Sault Ste. Marie; Miss Mary Garvin, Haileybury (vice-chairman); Miss Florence Farr, Timmins; Miss Alice Quinlan, North Bay; Miss Sylvia Harry, Gravenhurst, and Miss Jane Thomas, Sudbury.

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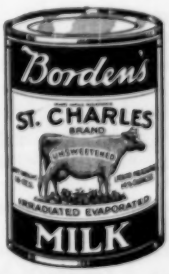

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as councillors. The following conveners were named: Miss Jean Smith, Gravenhurst, membership; Miss Mary Delaney, Sault Ste. Marie, private duty; Miss Hazel Atkinson, Kirkland Lake, public health; Rev. Sister St. Irma, North Bay, nursing education; Miss Katherine McKenzie, North Bay, finance; Miss R. Hatherley, Gordon Bay, permanent education fund; Miss Joyce Stevens, New Liskeard, *Canadian Nurse* representative; Miss R. Buchanan, Gravenhurst, publications.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Miss Jennette Manuel (C.M.H., 1933), who attended the School for Graduate Nurses, McGill University, last year, is now working with the Victorian Order of Nurses in Montreal. Miss Louise Destromp has recently returned from a holiday in England.

MARRIED: Recently, Miss Ruth Miller (C.M.H., 1928) to Mr. Harry Miller.

MARRIED: Recently, Miss Ruth Paterson (C.M.H., 1929) to Mr. Norman S. McFarland.

MARRIED: Recently, Miss Viola Schneider (C.M.H., 1929) to Mr. Arthur Wood.

MARRIED: Recently, Miss Anne Sutherland (C.M.H., 1926) to Mr. Ian MacKenzie.

SASKATCHEWAN

SASKATOON: Miss M. Gooderham (S.C.H., 1933) has received the appointment as instructress in practical nursing at the City Hospital; Miss Anne Ferguson (S.C.H., 1933) as supervisor of first floor west and Miss Evelyn Stevenson (S.C.H., 1934) as assistant night supervisor. Miss Laura Walker (S.C.H., 1926) has been reappointed on the staff of school nurses, Department of Education, Saskatoon. Miss Marie Bie (S.C.H., 1933) has gone to Montreal to attend McGill University and is taking a course in teaching in schools of nursing in the McGill School for Graduate Nurses. Mrs. John Padgett (E. McNab, S.C.H., 1923) of Honolulu, has been visiting friends in Saskatoon.

MARRIED: On September 16, 1935, Miss Irene May Bowron (S.C.H., 1926) to Mr. Andrew Calder.

MARRIED: On August 28, 1935, Miss Minnie Gertrude Hull (S.C.H., 1929) to Mr. Henry John Hartt.

OBITUARY

AIKENS—The death occurred during September, 1935, at the Winnipeg General Hospital, of Kathleen Aikens, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1928.

LOWE—On October 9, 1935, at the Toronto Western Hospital, Miss Annie Lowe, a member of the graduating class of 1914 of the School of Nursing of the Toronto Western Hospital.

MACNAMARA—Recently, at St. Joseph's Hospital, Victoria, B.C., where she had made her home for the last thirty years, Mary Macnamara passed quietly to rest following a brief illness. Born in Ireland seventy-seven years ago, Miss Macnamara took her training in Edinburgh, Scotland, and nursed for some time in England before coming to Victoria. She did valuable pioneer nursing, both private and institutional, becoming the first night supervisor at St. Joseph's when the hospital comprised only the old building on Collision Street. Later she went to San Francisco, where she became superintendent of St. Winifred's Hospital and School for Nurses and during the earthquake she was untiring in her aid to the stricken people. When the new maternity wing was opened at St. Joseph's, Miss Macnamara took charge of the nursery; this was her last active participation in the work of the hospital, though she continued to make St. Joseph's her home and to help in many ways. An ardent gardener, she greatly delighted in the cultivation of the grounds about the hospital.

TURNER—The death occurred, on September 14, 1935, at St. Vital Sanitorium, after a long illness, of Emma Turner, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1926.

WATTS—The death occurred recently, at Gravenhurst, of Mrs. Fred Watts (formerly Jean Wood), a graduate of the School of Nursing of the Collingwood General and Marine Hospital. During her professional career she enjoyed the confidence of her patients to whom she rendered devoted service.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

APPOINTMENTS

Miss Alma Haupt

The appointment is announced of Miss Alma C. Haupt, R.N., as Director of the Nursing Bureau of the Welfare Division at the Home Office of the Metropolitan Life Insurance Company in New York. Miss Haupt is very well qualified by education and experience for the supervision of this phase of the Company's work. Having been graduated with a B.A. degree from the University of Minnesota, with nursing education at the University Hospital in Minneapolis, followed by special graduate courses at Johns Hopkins University, she has approximately twenty years of valuable experience in an extensive range of public health nursing activities, including the position of chief nursing executive of the Child Welfare Demonstration of the Commonwealth Fund in Vienna, Austria. At the time of Miss Haupt's appointment she was serving as acting director of the National Organization of Public Health Nursing with headquarters in New York City.

Miss Ella Moffatt

Miss Ella Moffatt, formerly assistant superintendent of the Public General Hospital in Chatham, Ont., has been appointed superintendent of the Galt General Hospital. Her associates unite in congratulating her in this well-earned promotion.

Miss Ada Hubbell

Miss Ada Hubbell, formerly assistant superintendent of nurses at Harper Hospital, Detroit, Mich., has been appointed superintendent of the General Hospital, Niagara Falls, Ontario. Miss Hubbell brings to her new duties an exceptionally broad academic and professional preparation.

Miss Marjorie Jenkins

Miss Marjorie Jenkins has been appointed superintendent of nurses at the Children's Memorial Hospital, Montreal, and assumed her new duties during October. She is a graduate of the School of Nursing of the Hospital for Sick Children and holds the diploma of the McGill School for Graduate Nurses, where she majored in teaching. At the time of her appointment she was in charge of the pediatric nursing service of the Ottawa Civic Hospital.

Miss Gretta MacKay Ross

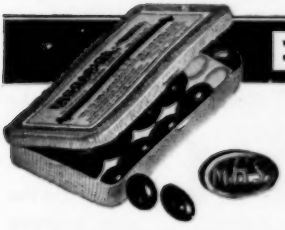
Miss Gretta MacKay Ross, who recently completed a year of postgraduate study given in London, under the auspices of the Nightingale Memorial Foundation, has been appointed by the Rotary Club as organizer of clinics for crippled children in Ontario. Miss Ross is a graduate of the School of Nursing of the Toronto General Hospital.

Miss Esther Lewis

Miss Esther Lewis, formerly assistant supervisor in the Montreal Branch of the Victorian Order of Nurses, has recently been appointed supervisor of the London District of the Order. Miss Lewis holds the degree of B.A. from McGill University and is a graduate of the School of Nursing of the Montreal General Hospital. She prepared herself for public health nursing at the McGill School for Graduate Nurses.

Miss Nellie Goodman

Miss Nellie Goodman, a graduate of the School of Nursing of the Regina General Hospital and of the McGill School for Graduate Nurses, has recently accepted a position as instructress and ward supervisor at the Lamont Public Hospital, Lamont.



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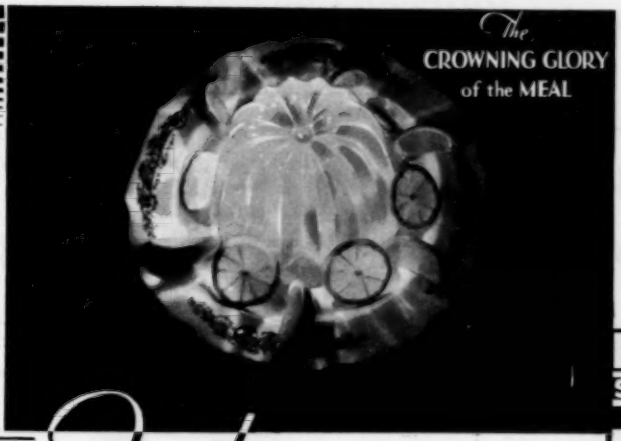
. . . OFF . . . DUTY . . .

A journalist of some repute . . . who is a friend of ours . . . gives this periodical . . . the once-over . . . from time to time . . . Unlike the majority of the readers of this page . . . she also casts an appraising eye . . . over the remaining "content" . . . as we say in pedagogical circles . . . She thinks we are doing fairly well . . . and though some of our stuff is mediocre . . . most of it is pretty good . . . Anyway she says . . . that we give her some idea . . . of what is going on in nursing . . . a tribute which bucked us up considerably . . . "Now about OFF DUTY, *" said she . . . "of course you have your eye on the advertisers" . . . We blushed, and admitted . . . this base commercial motive . . . "Then turn off the nature talks . . . too many birds . . . too many flowers . . . too much scenery . . . too much sweetness and light . . . " (We braced ourselves to meet . . . what we knew was coming next) . . . "Give them more human interest . . . something about people . . . no need to mention names of course" . . . she added hastily . . . "just describe types" . . . We shuddered . . . and yet the idea . . . had a fell fascination . . . The first "type" . . . which occurred to us . . . was a woman we call a "thread picker" . . . The world smiles on you some fine morning . . . and then you see this pest approaching . . . and are instantly made aware . . . that your stocking seams are crooked . . . that your rubber heels have worn down . . . that a wisp of lank hair hangs over your neck . . . that your fur collar is mangy . . . and that you are wearing that last year's hat . . . which you never liked anyway . . . You are certain that there is a white thread . . . adhering to you somewhere . . . and that in a few minutes . . . it will be picked off . . . She approaches . . . and your worst fears are realized . . . "Just a moment, my dear" . . . she hovers, she pounces . . . she holds it up accusingly . . . and proceeds to take advantage . . . of the close-up . . . to peer into the inmost recesses . . . of your sub-conscious mind . . . You gaze at her helplessly . . . but there is no escape . . . she holds you with the power . . . of her glittering eye . . . You think of the Ancient Mariner . . . and the wedding guest . . . who beat his breast . . . for he heard the loud bassoon . . . In desperation you invent . . . an urgent appointment . . . with your dentist . . . She says she is going your way . . . and insists on accompanying you . . . to the very threshold . . . of that dread portal . . . Just as you arrive . . . the dentist's assistant opens the door . . . and says . . . with a surprised air . . . "But you hadn't an appointment!" . . . you mumble something . . . and with a muttered excuse . . . escape from the thread picker . . . into the sanctuary of the waiting-room . . . where you drearily turn over the pages . . . of the National Geographic . . . and presently find . . . that as you expected . . . a patient has just cancelled an appointment . . . and the doctor can "take you now" . . . As the drill grinds away . . . you reflect that it was no use hiding . . . that yawning cavity . . . the thread picker detected it . . . at forty paces . . . and made you do something about it . . . Perhaps thread pickers have their uses . . . but how we hate the type . . .*



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Analysis Knox Gelatine

Protein (14 amino acids)	85.0–86.0%
Calcium Phosphate	1.0–1.25%
Fat (less than)	0.1%
Moisture	13.0–14.0%
Carbohydrate	Nil

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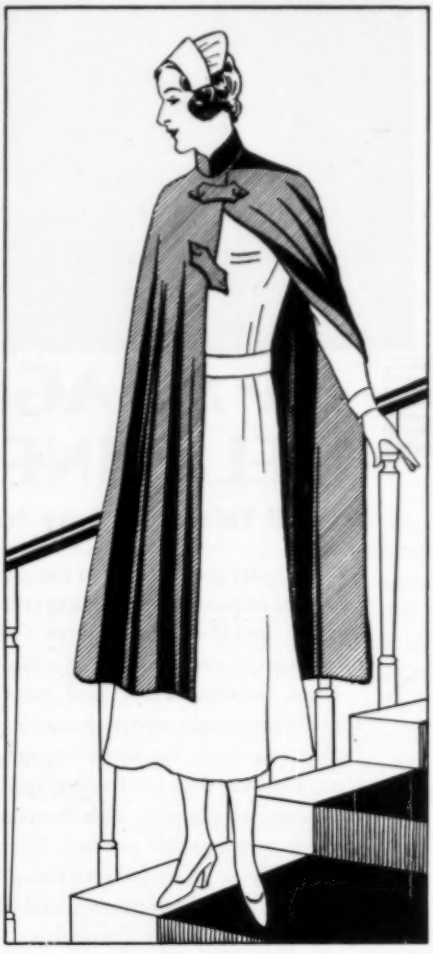

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ONTARIO

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District 2 and 3, Registered Nurses Association of Ontario

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District 4, Registered Nurses Association of Ontario

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District 8, Registered Nurses Association of Ontario

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District 9, Registered Nurses Association of Ontario

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors:* Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees: Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

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QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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MANITOBA

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A.A., Winnipeg General Hospital, Winnipeg

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ONTARIO

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